Exhibit A

AFFIDAVIT OF LEIGH-ANNE LEE

Comes now the affiant, Leigh-Anne Lee, who, having first been duly sworn, states that the following statements are true in regards to Plaintiff Denis Brock:

- 1. All of the statements contained in this Affidavit are true and correct and made on the basis of my personal knowledge. I am an adult citizen of the State of Tennessee, over the age of 18 years, and am competent to make the statements contained in this Affidavit. I am a legal assistant with Galligan and Newman.
- 2. On July 3, 2013, I mailed by certified mail, return receipt requested a Notice letter and enclosures to Saint Thomas Outpatient Neurosurgical Center, LLC at both the addresses for the agent of service of process (Gregory B. Lanford, M.D., 2011 Murphy Ave, Ste. 301, Nashville, TN 37203-2023) and the provider's current business address (Floor 9, 4230 Harding Pike, Nashville, TN 37205-2013 as required by Tennessee Code Annotated § 29-26-121 (a).
- 3. I attach as Exhibit 1 a copy of the Notice letter sent to Saint Thomas Outpatient Neurosurgical Center, LLC along with the copies of the enclosures to the letter which include a list of the names and addresses of all healthcare providers who were served Notice pursuant to Tennessee Code Annotated § 29-26-121 (a) and a HIPAA compliant medical authorization permitting Saint Thomas Outpatient Neurosurgical Center, LLC to obtain complete medical records from each other provider being sent a Notice.
- 4. I attach as Exhibit 2 copies of the Certificates of Mailing from the United States Postal Service, and enclosures to Saint Thomas Outpatient Neurosurgical Center, LLC.
 - 5. On July 3, 2013, I mailed by certified mail, return receipt requested a Notice letter and

enclosures to Howell Allen Clinic A Professional Corporation at the address for the agent for service of process (Gregory B. Lanford, M.D., 2011 Murphy Ave, Ste. 301, Nashville, Tn 37203-2023) and the provider's current business address (2011 Murphy Avenue, Suite 301, Nashville, TN 37203-2023) as required by Tennessee Code Annotated § 29-26-121 (a).

- 6. I attach as Exhibit 3 a copy of the Notice letter sent to Howell Allen Clinic A Professional Corporation along with copies of the enclosures to the letter which include a list of the names and addresses of all healthcare providers who were served Notice pursuant to Tennessee Code Annotated § 29-26-121 (a) and a HIPAA compliant medical authorization permitting Howell Allen Clinic A Professional Corporation to obtain complete medical records from each other provider being sent a notice.
- 7. I attach as Exhibit 4 a copy of the Certificate of Mailing from the United States Postal Service, and enclosures to Howell Allen Clinic A Professional Corporation.
- 8. On July 3, 2013 I mailed by certified mail, return receipt requested a Notice letter and enclosures to Debra Schamberg, R.N., (Howell Allen Clinic, 2011 Murphy Ave., Suite 301, Nashville, TN 37203) as required by Tennessee Code Annotated § 29-26-121 (a).
- 9. I attach as Exhibit 5 a copy of the Notice letter sent to Debra Schamberg, R.N. along with copies of the enclosures to the letter which include a list of the names and addresses of all healthcare providers who were served Notice pursuant to Tennessee Code Annotated § 29-26-121 (a) and a HIPAA compliant medical authorization permitting Debra Schamberg, R.N. to obtain complete medical records from each other provider being sent a notice.
- 10. I attach as Exhibit 6 copies of the Certificates of Mailing from the United States Postal Service, and enclosures to Debra Schamberg, R.N.
 - 11. On July 3, 2013, I mailed by certified mail, return receipt requested a Notice letter

and enclosures to John W. Culclasure, M.D. at the address listed for Dr. Culclasure on the Tennessee Department of Health website (Howell Allen Clinic, 2011 Murphy Ave., Suite 301, Nashville, TN 37203) as required by Tennessee Code Annotated § 29-26-121 (a).

- 12. I attach as Exhibit 7 a copy of the Notice letter sent to John W. Culclasure, M.D., along with copies of the enclosures to the letter which include a list of the names and addresses of all healthcare providers who were served Notice pursuant to Tennessee Code Annotated § 29-26-121 (a) and a HIPAA compliant medical authorization permitting John W. Culclasure, M.D. to obtain complete medical records from each other provider being sent a notice.
- 13. I attach as Exhibit 8 copies of the Certificates of Mailing from the United States Postal Service, and enclosures to John W. Culclasure, M.D.
- 14. On July 3, 2013, I mailed by certified mail, return receipt requested a Notice letter and enclosures to Saint Thomas Hospital at both the address for the agent for service of process (E. Berry Holt, III, Suite 800, 102 Woodmont Blvd., Nashville, Tn 37205-2221) and the provider's current business address (4220 Harding Pike, Nashville, TN 37205-2005) as required by Tennessee Code Annotated § 29-26-121 (a).
- 15. I attach as Exhibit 9 a copy of the Notice letter sent Saint Thomas Hospital along with copies of the enclosures to the letter which include a list of the names and addresses of all healthcare providers who were served Notice pursuant to Tennessee Code Annotated § 29-26-121 (a) and a HIPAA compliant medical authorization permitting Saint Thomas Hospital to obtain complete medical records from each other provider being sent a notice.
- 16. I attach as Exhibit 10 copies of the Certificates of Mailing from the United States Postal Service, and enclosures to Saint Thomas Hospital.
 - 17. On July 3, 2013, I mailed by certified mail, return receipt requested a Notice letter and

enclosures to Saint Thomas Health Services at the address for the agent for service of process (E. Berry Holt, III, Ste. 800, 102 Woodmont Blvd., Nashville, Tn 37205-2221) and the provider's current business address (Suite 800, 102 Woodmont Blvd, Nashville, TN 37205) as required by Tennessee Code Annotated § 29-26-121 (a).

18. I attach as Exhibit 11 a copy of the Notice letter sent to Saint Thomas Health Services along with copies of the enclosures to the letter which include a list of the names and addresses of all healthcare providers who were served Notice pursuant to Tennessee Code Annotated § 29-26-121 (a) and a HIPAA compliant medical authorization permitting Saint Thomas Health Services to obtain complete medical records from each other provider being sent a notice.

19. I attach as Exhibit 12 a copy of the Certificate of Mailing from the United States
Postal Service, and enclosures to Saint Thomas Health Services,

FURTHER AFFIANT SAITH NOT.

Leight Anne Lee

STATE OF TENNESSEE

COUNTY OF WARREN

Sworn to and subscribed before me this 14th day of September, 2013.

Notacy Public

My Commission Expires:

STATE OF SEE TO TENDESON ARREN CHILINGS OF SEE

LAW OFFICES OF

Exhibit

Michael D. Galligan

Robert W. Newman

Susan N. Marttala

John P. Fartin

Benjamin R. Newsvan

M. Trevor Galligan

July 3, 2013

Saint Thomas Outpatient Neurosurgical Center, LLC FL 9
4230 Harding Pike
Nashville, TN 37205-2013
VIA CERTIFIED MAIL

RE:

DENIS BROCK DOB; 6/19/1947 SS#2-7255

Dear Sirs:

Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing DENIS BROCK and I am the authorized agent of Mrs. Brock. Through me and my firm, Mr. Brock is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Denis Brock for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 23, 2012, wherein Mrs. Brock was injected with methylprednisolone acetate.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN

Michael D. Galligan

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Pa	nent Name: Tienis Brock	DOB: June 19, 1947	Soci	ial Security Number: 2007/12	<u>55</u> _
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λ,	Kelman pharmaciat Mi	ahaal O'Maal ahawaala	auro, įvi	D., Howell Allen Clinic, Martin	<u>S.</u>
	Outpatient Nouvenmeier	chael O Neal, pharmacis	L Kacı	nel Rome, M.D., Saint Thomas	<u>as</u>
	Thomas Troits days as	at Center, Debra Schamb	erg. K	N., St. Thomas Hospital, Sai	<u>nt</u>
	Thomas Health Services,	and/or Scott C. Standard, I	<u>уг. D.</u> t	o Disclose my health informatio	n
	to: Patricia Beckham, pi	narmacist, John Culclasure	<u>, M.D.</u>	. Howell Allen Clinic, Martin S	<u>3.</u>
	Kelvas, pharmacist, Micl	<u>iael O'Neal, pharmacist, Rac</u>	<u>chel Ro</u>	me, M.D., Saint Thomas Outpatier	aţ
	Neurosurgical Center, Debr			pital, Saint Thomas Health Service	S,
	and/or Scott C. Standard, N			The purpose(s) for the use c	л.
٠.	disclosure is as follows: liti		 :		
2.	The type and amount of int	ormation to be used or discle	osed is		
		g treatment from <u>June 1, 20</u>		to <u>present</u> .	
	☐ Abstract (includes H&P,	Progress Notes,	□Sur	nmary	
	Procedure Notes, Proced	ure Reports, etc.)	□ Dis	charge Summary (DS)	
	☐ Copy of Medical Records		H Ope	erative/Procedure Report(OP)	
	☑ Copy of Complete Record ☐ History and Physical (H&)	es (imenicai & linandiai)		iology Report	
	☐ Consultation	x)	L.I J.ab	oratory Report	
	Other:				
3.		information may include inf	in mati	on relating to sexually transmitted	
٠.	disease acquired immunodes	ficiency syndrome (ATDS)	orman	in immunodeficiency virus (HIV),	-
	It may also include informati	on about behavioral or ment	al hanti	in minumodenciency virus (Firv), In services, and treatment for drug	
	and alcohol abuse.	on about policylotal of Home	ai noan	a solvices, and itealine in for dring	
4.		t to revoke this authorization	at any	time. I understand that, if I revoke	
	this authorization. I must de	o so in writing and presen	t mv s	vritten revocation to the Health	
	Information Management der	partment. I understand that n	avrevo	cation will not apply to the extent	
	that the above named provide	r has taken action in reliance	on thi	s authorization. I understand that	
	my revocation will not apply i	f this authorization was obtai	ned as	a condition of obtaining insurance	
	coverage and the law provide	s my insurer with the right t	o conte	sta claim under my noticy or the	
	policy itself. Unless otherwis	e revoked, this authorization	will ex	xpire on the following date, event	
	or condition:	If I fail to specify an ϵ	expirati	on date, event, or condition, this	
	authorization will expire in six	x months,		•	
5,	I understand that authorizing t	he disclosure of this health i	nforma	tion is voluntary. I can refuse to	
	sign this authorization. The do	octor or hospital may not con-	dition t	reatment, payment, enrollment in	
	its health plan, or eligibility for	or benefits on my signing (t	iis auth	orization. Tunderstand that if I	
	authorize the above named pro	vider to disclose my health j	nforma	tion, the health information may	
	be subject to re-disclosure by th	ie recipient and may no longe	ar be pro	otected by certain federal privacy	
	regulations. If I have any que	stions about disclosure of n	ıy heal	th information I can contact the	
	provider-listed-above-	mila are remarked track to the			
101	uature of Patlent/Plan Member/Guardia	n/Patient/Plan Member Benresentelive		Delē:	
•	Davis D. Brock	need the supplement of the sealth desired to the season of		8-25-13 ·	
77.1	<i>VIVIO II. 10 WLX</i> . ut Name of PalizaliPlan Member's Repra	sentative:		15 1 15 1 15 15 15 15 15 15 15 15 15 15	
	Denis S. Brock	v g 1134 FF		Relationship to Patienurian Nembers \$6/4	
	Leurs varack			<i>₹6/-</i> F	

5.

OTHER PROVIDERS RECEIVING THIS NOTICE RE: DENIS BROCK

Patricia Beckham
Baptist Women's Pavillion
2011 Murphy Ave.
Nashville, TN 37203

John Culclasure, M.D. Howell Allen Clinic 2011 Murphy Ave., Suite 301 Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

Howelf Allen Clinic, A Professional Corporation c/o Gregory B. Lanford, M.D. 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

Martin S. Kelvas, Pharmacist 4065 Rotterdam Pass Hampton, GA 30228

Martin S. Kelvas, Pharmacist St. Thomas Hospital P. O. Box 380 Nashville, TN 37202

Michael O'Neal Vanderbilt University Medical Center 1211 MCD/VUH B-101 Nashville, TN 37232

Rachel Rome, M.D.

<u>c/o St. Thomas Outpatient Neurosurgical Center</u>

4230 Harding Road, Suite 901

Nashville, TN 37205

Rachel Rome, M.D. 353 New Shackle Island Road Hendersonville, TN 37075

Rachel Rome, M.D. Center for Spine, Joint and Neuromuscular Rehabilitation Summit Medical Center 5651 Frist Boulevard, Suite 712 Hermitage, TN 37076

Rachel Rome, M.D.
Center for Spine, Joint and Neuromuscular Rehabilitation
Shoppes at the Village
833 Memorial Blvd., Suite E
Murfreesboro, TN 37129

Debra Schamberg, R.N. Howell Allen Clinic 2011 Murphy Ave., Suite 301 Nashville, TN 3703

Saint Thomas Outpatient Neurosurgical Center, LLC FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Saint Thomas Outpatient Neurosurgical Center, LLC c/o Gregory B. Lanford, M.D. 2011 Murphy Ave, Ste 301
Nashville, TN 37203-2023

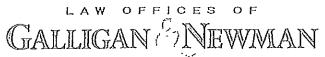
St. Thomas Hospital 4220 Harding Pike Nashville, TN 37205-2005

St. Thomas Hospital c/o E. Berry Holt, III Suite 800 102 Woodmont Blyd. Nashville, TN 37205-2221

Saint Thomas Health Services Suite 800 102 Woodmont Blvd. Nashville, TN 37205

Saint Thomas Health Services c/o E. Berry Holt, III Suite 800 102 Woodmont Blvd. Nashville, TN 37205-2221

Scott C. Standard, M.D. 2011 Murphy Avenue, Suite 301 Nashville, TN 37203



Michael D. Galligui

Robert W. Newman

Susan N. Mərttələ

John P. Partin

Benjamin R. Neuman

M. Trevor Galligan

July 3, 2013

Saint Thomas Outpatient Neurosurgical Center, LLC c/o Gregory B. Lanford, M.D. 2011 Murphy Ave, Ste 301
Nashville, TN 37203-2023
VIA CERTIFIED MAIL

RE:

DENIS BROCK DOB: 6/19/1947 SS#:4-1-7255

Dear Sirs:

Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing DENIS BROCK and I am the authorized agent of Mrs. Brock. Through me and my firm, Mr. Brock is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Denis Brock for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 23, 2012, wherein Mrs. Brock was injected with methylprednisolone acetate.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN

Michael D. Galligan

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

PatientName: <u>Denis Brock</u> DOB: <u>June 19, 1</u>	947 Social Security Number: 7255
1. I authorize <u>Patricia Beckham, pharmacist, John</u>	Culciaure, M.D., Howell Allen Clinic, Martin S.
Kelvas, pharmacist, Michael O'Neal, phar	macist, Rachel Rome, M.D., Saint Thomas
Outpatient Neurosurgical Center, Debra S	diamberg, R.N. St. Thomas Hospital Saint
1 nomas Health Services, and/or Scott C. Star	dard, M. D. to Disclose my health information
to : Patricia Beckham, pharmacist, John Cul-	clasure, M.D., Howell Allen Clinic, Martin S
Kelyas, pharmacist, Michael O'Neal, pharmac	st. Rachel Rome M.D. Saint Thomas Outrationt
Neurosurgical Center, Debra Schamberg, R.N., St	. Thomas Hospital, Saint Thomas Health Services,
and/or Scott C. Standard, M.D.	The purpose(s) for the use or
disclosure is as follows: <u>litigation</u>	•
The type and amount of information to be used of	r disclosed is as follows:
Health information covering treatment from Ju	ie 1, 2012 to present
☐ Abstract (includes H&P, Progress Notes,	☐ Summary
Procedure Notes, Procedure Reports, etc.)	☐ Discharge Summary (DS)
☐ Copy of Medical Records only	☐ Operative/Procedure Report(OP)
Copy of Complete Records (Medical & Finance	ial) 🗆 Pathology Report
☐ History and Physical (H&P)	☐ Laboratory Report
☐ Consultation	
Other: I understand that my health information may incl	
	ide information relating to sexually transmitted
disease, acquired immunodeficiency syndrome (A	IDS), or human immunodeficiency virus (HIV).
It may also include information about behavioral of and alcohol abuse.	r mental health services, and treatment for drug
4. I understand that I have a right to revoke this author	lastlan at an all a Y of a star a con-
4. I understand that I have a right to revoke this authorization, I must do so in writing and	ization at any time. I understand that, if I revoke
Information Management department. I understan	present my written revocation to the Health
that the above named provider has taken action in	aliance on this authorized.
my revocation will not apply if this authorization we	onauco on this authorization. I understand that
coverage and the law provides my insurer with the	right to contest a dainy and a provention of
policy itself. Unless otherwise revoked, this author	ization will expire on the following data arrest
or condition: If I fail to spec	ify an expiration date, event, or condition, this
authorization will expire in six months.	
I understand that authorizing the disclosure of this is	ealth information is voluntary. I can refuse to
sign this authorization. The doctor or hospital may i	of condition treatment payment appollment in
as health plan, or eligibility for benefits on my sig	ning this authorization. I understand that if I
authorize the above named provider to disclose my	realth information the health information more
De stidlect to re-disclosure by the recipient and may n	O longer he projected by certain federal primary
regulations. If I have any questions about disclosu	re of my health information I can contact the
. provider listed above.	
Signature of Ratient/Plan Member/Guardian/Patient/Plan Member Repr	seniative: Date:
Davis D. Brock	\$-2T-13 ·
Print Name of Palientifian Member's Representative:	Relationship to Patient/Plan
Denis 5. Brock	Members ECIF

5.

OTHER PROVIDERS RECEIVING THIS NOTICE RE: DENIS BROCK

Patricia Beckham Baptist Women's Pavillion 2011 Murphy Ave. Nashville, TN 37203

John Culclasure, M.D. Howell Allen Clinic 2011 Murphy Ave., Suite 301 Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation c/o Gregory B. Lanford, M.D. 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

Martin S. Kelvas, Pharmacist 4065 Rotterdam Pass Hampton, GA 30228

Martin S. Kelvas, Pharmacist St. Thomas Hospital P. O. Box 380 Nashville, TN 37202

Michael O'Neal Vanderbilt University Medical Center 1211 MCD/VUH B-101 Nashville, TN 37232

Rachel Rome, M.D. c/o St. Thomas Outpatient Neurosurgical Center 4230 Harding Road, Suite 901 Nashville, TN 37205

Rachel Rome, M.D. 353 New Shackle Island Road Hendersonville, TN 37075

Rachel Rome, M.D. Center for Spine, Joint and Neuromuscular Rehabilitation Summit Medical Center 5651 Frist Boulevard, Suite 712 Hermitage, TN 37076

Rachel Rome, M.D.
Center for Spine, Joint and Neuromuscular Rehabilitation
Shoppes at the Village
833 Memorial Blyd., Suite E
Murfreesboro, TN 37129

Debra Schamberg, R.N. Howell Allen Clinic 2011 Murphy Ave., Suite 301 Nashville, TN 3703

Saint Thomas Outpatient Neurosurgical Center, LLC FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Saint Thomas Outpatient Neurosurgical Center, LLC c/o Gregory B. Lanford, M.D. 2011 Murphy Ave, Ste 301
Nashville, TN 37203-2023

St. Thomas Hospital 4220 Harding Pike Nashville, TN 37205-2005

St. Thomas Hospital c/o E. Berry Holt, III Suite 800 102 Woodmont Blvd. Nashville, TN 37205-2221

Saint Thomas Health Services Suite 800 102 Woodmont Blvd. Nashville, TN 37205

Saint Thomas Health Services c/o E. Berry Holt, III Suite 800 102 Woodmont Blyd. Nashville, TN 37205-2221

Scott C. Standard, M.D. 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

Exhibit 2

UNITED STATES POSTAL SERVICE.	Certificate Of Mailing	To pay दिन, स्टीर डोटनावृत दर लार्सेस्ट ट्रिट्सेस्ट्र नेस्टन,
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PS Form 3817, April 2007 PSN 7530-0	2-000-9065	

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	C. Date of Delivery
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4230 Harding Pike	3. Service Type
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PS Form 3811, February 2004 Case 3:13-cV ^D 011914 Թևադ	Document 1-1 Filed 09/19/13 - Page 15 of 64 PageID #: 98
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US POSEIS APROCE OPERING BODY WALL RECEIP JONE BODY BODY BODY BODY BODY BODY BODY BODY	
SHIDIER COMPRETENTISSECTION Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Printy our name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or oil the front if space permits. Article Addressed to: Sault Thinks Out make Lucy Construction of Charles and B. Lanturd, MD Doil Murphy Art, Str. 361 Whishalls, 7N 37303 2023	A. Signature Control of the property Control of the property

2. Articlo Number

(Transfer from service tabel) PS Form 3811, February 2004

Case 3:13-cv-01010 Document 1-1 Filed 09/19/13 Page 16 of 64 PageID #: 99

7010 2780 0003 2206 3577

☐ Yes

LAW OFFICES OF

Exhibit 3

Galligan ENewman

Michael D. Galligan

Robert W. Neuman

Susan N. Marttala

John P. Fartin

Benjamin R. Newmen

M. Trevor Galligan

July 3, 2013

Howell Allen Clinic, A Professional Corporation c/o Gregory B. Lanford, M.D. 2011 Murphy Avenue, Suite 301 Nashville, TN 37203 VIA CERTIFIED MAIL

RE:

Dear Sirs:

Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing DENIS BROCK and I am the authorized agent of Mrs. Brock. Through me and my firm, Mr. Brock is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Denis Brock for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 23, 2012, wherein Mrs. Brock was injected with methylprednisolone acetate.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN

Michael D. Galligan

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

	anomivame, Denis Brock	DOB: June 19, 1947	Social Security Number: 7255
1	. I authoriza Patricia Reck	ham phoemarks Y-1. a t	
	Kelvas, pharmacist M	ichael O'Mool whoman	elaure, M.D., Howell Allen Clinic, Martin S.
	Outpatient Neurosurgie	al Canton Dolma C.I.	st, Rachel Rome, M.D., Saint Thomas
	Thomas Health Services	ar Center, Debra Scham	berg, R.N., St. Thomas Hospital, Saint
	and/or Scott C. Standard, M		nas Hospital, Saint Thomas Outpatient nas Hospital, Saint Thomas Health Services,
	disclosure is as follows: liti		The purpose(s) for the use or
2.	The type and amount of inf	ganon	
	The type and amount of inf Health information covering	omination to be used or disc	losed is as follows:
	Abstract (includes H&P,	Progress Notes	to present
	Procedure Notes, Proced		□ Summary
	☐ Copy of Medical Records	entr	□ Discharge Summary (DS)
	Copy of Complete Record	ls (Medical & Financial)	☐ Operative/Procedure Report(OP)
	. 🗆 History and Physical (H&	P)	D Pathology Report
	☐ Consultation	~ /	□ Laboratory Report
	Other:		
3.	I understand that my health i	nformation may include in	formation relating to sexually transmitted
	disease, acquired immunodef	iciency syndrome (AIDS).	formation relating to sexually transmitted or human immunodeficiency virus (HIV).
		on about behavioral or men	or numan immunodeficiency virus (HIV). Ial health services, and treatment for drug
A			
4,	I understand that I have a right	to revoke this authorization	at any time. I understand that, if I revoke
	inis authorization, I must do	so in writing and preser	at any time. I understand that, if I revoke it my written revocation to the Health
	information Management department	ntment. Lunderstand that	ny written revocation to the Health ny revocation will not apply to the extent
	that the above named provider	has taken action in reliance	ny revocation will not apply to the extent e on this authorization. I understand that
	my revocation will not apply if	this authorization was obtai	ned as a condition of obtaining insurance
	nolicy itself. The law provides	my insurer with the right t	ned as a condition of obtaining insurance contest a claim under my policy or the
	authorization will expire in six		expiration date, event, or condition, this
	I understand that authorizing the	months.	, , ,
	sign this authorization. The doc	e disclosure of this health i	nformation is voluntary. I can refuse to
	its health plan, or eligibility for	benefits on the	nformation is voluntary. I can refuse to lition treatment, payment, enrollment in
	authorize the above named prov	ider to displace were to but	is authorization. I understand that if I
	be subject to re-disclosure by the	recipient on decrees 1	nformation, the health information may
3	regulations. If I have any quest	ions shout disclosure of m	ntormation, the health information may r be protected by certain federal privacy y health information I can contact the
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	lenis 5. Brock	•	Kolationship to PatlantPlan Members Sc/-C
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5.

OTHER PROVIDERS RECEIVING THIS NOTICE RE: DENIS BROCK

Patricia Beckham Baptist Women's Pavillion 2011 Murphy Ave. Nashville, TN 37203

John Culclasure, M.D. Howell Allen Clinic 2011 Murphy Ave., Suite 301 Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation c/o Gregory B. Lanford, M.D. 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

Martin S. Kelvas, Pharmacist 4065 Rotterdam Pass Hampton, GA 30228

Martin S. Kelvas, Pharmacist St. Thomas Hospital P. O. Box 380 Nashville, TN 37202

Michael O'Neal Vanderbilt University Medical Center 1211 MCD/VUH B-101 Nashville, TN 37232

Rachel Rome, M.D. 353 New Shackle Island Road Hendersonville, TN 37075

Rachel Rome, M.D. Center for Spine, Joint and Neuromuscular Rehabilitation Summit Medical Center 5651 Frist Boulevard, Suite 712 Hermitage, TN 37076

Rachel Rome, M.D.
Center for Spine, Joint and Neuromuscular Rehabilitation
Shoppes at the Village
833 Memorial Blyd., Suite E
Murfreesboro, TN 37129

Debra Schamberg, R.N. Howell Allen Clinic 2011 Murphy Ave., Suite 301 Nashville, TN 3703

Saint Thomas Outpatient Neurosurgical Center, LLC FL 9 . 4230 Harding Pike Nashville, TN 37205-2013

Saint Thomas Outpatient Neurosurgical Center, LLC c/o Gregory B. Lanford, M.D. 2011 Murphy Ave, Ste 301 Nashville, TN 37203-2023

St. Thomas Hospital 4220 Harding Pike Nashville, TN 37205-2005

St. Thomas Hospital c/o E. Berry Holt, III Suite 800 102 Woodmont Blvd. Nashville, TN 37203-2221

Saint Thomas Health Services Suite 800 102 Woodmont Blyd, Nashville, TN 37205

Saint Thomas Health Services c/o E. Berry Holt, III Suite 800 102 Woodmont Blvd. Nashville, TN 37205-2221

Scott C. Standard, M.D. 2011 Murphy Avenue, Suite 301 Nashville, TN 37203



Michael D. Galligan

Robert W. Newman

Susan N. Marttala

John P. Partin

Benjamin R. Newman

M. Trevor Galligan

July 3, 2013

Howell Allen Clinic, A Professional Corporation 2011 Murphy Avenue, Suite 301 Nashville, TN 37203 VIA CERTIFIED MAIL

RE:

DENIS BROCK DOB: 6/19/1947

SS#: 7255

Dear Sirs:

Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing DENIS BROCK and I am the authorized agent of Mrs. Brock. Through me and my firm, Mr. Brock is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Denis Brock for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 23, 2012, wherein Mrs. Brock was injected with methylprednisolone acetate.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN

Michael D. Galligan

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Pa	ientName: <u>Denis Brock</u> DOB: _	June 19, 1947 Soc	cial Security Number: 72	<u>55</u>
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	remosurgical Center, Debra Schambe	rg, R.N., St. Thomas Hos	pital, Saint Thomas Health Services	 !,
	and or ocoll C. Standard, M.D.		The purpose(s) for the use o	ĭ.
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5.

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Rachel Rome, M.D. 353 New Shackle Island Road Hendersonville, TN 37075

Rachel Rome, M.D.
Center for Spine, Joint and Neuromuscular Rehabilitation
Summit Medical Center
5651 Frist Boulevard, Suite 712
Hermitage, TN 37076

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Saint Thomas Health Services Suite 800 102 Woodmont Blyd. Nashville, TN 37205

Saint Thomas Health Services c/o E. Berry Holt, III Suite 800 102 Woodmont Blvd. Nashville, TN 37205-2221

Scott C. Standard, M.D. 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

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LAW OFFICES OF

Exhibit S

Galligan ANEwman

Michael D. Galligan

Robert W. Newman

Susan N. Marttala

John P. Partin

Benjamin R. Newman

M. Trevor Galligan

July 3, 2013

Debra Schamberg, R.N.
Howell Allen Clinic
2011 Murphy Ave., Suite 301
Nashville, TN 37203
VIA CERTIFIED MAIL

RE:

DENIS BROCK DOB; 6/19/1947 SS#: 7255

Dear Nurse Schamberg:

Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing DENIS BROCK and I am the authorized agent of Mrs. Brock. Through me and my firm, Mr. Brock is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Denis Brock for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 23, 2012, wherein Mrs. Brock was injected with methylprednisolone acetate.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN

Michael D. Galligan

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Pa	tientName: <u>Denis Brock</u>	DOB: <u>June 19, 1947</u>	Socia	al Security Number: 725	<u> 55 </u>		
1.	I authorize <u>Patricia Beol</u>	cham, pharmacist, John Culcla	aure, M.	D., Howell Allen Clinic, Martin S	5.		
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				Disclose my health information			
	to : Patricia Beckham, pharmacist, John Culclasure, M.D., Howell Allen Clinic, Martin S.						
	Kelvas, pharmacist, Michael O'Neal, pharmacist, Rachel Rome, M.D., Saint Thomas Outpatient						
	Neurosurgical Center, Debra Schamberg, R.N., St. Thomas Hospital, Saint Thomas Health Services,						
	and/or Scott C. Standard,				**		
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	authorize the above named provider to disclose my health information, the health information may						
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5.

OTHER PROVIDERS RECEIVING THIS NOTICE RE: DENIS BROCK

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Saint Thomas Health Services c/o B. Berry Holt, III Suite 800 102 Woodmont Blvd. Nashville, TN 37205-2221

Scott C. Standard, M.D. 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

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Exhibit 7

14 chael D. Galligan

Robert W. Newman

Susan N. Marttala

John P. Partin

Benjamin R. Newman

M. Trevor Galligan

July 3, 2013

John Culclasure, M.D. Howell Allen Clinic 2011 Murphy Ave., Suite 301 Nashville, TN 37203 VIA CERTIFIED MAIL

RE:

Dear Dr. Culclasure:

Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing DENIS BROCK and I am the authorized agent of Mrs. Brock. Through me and my firm, Mr. Brock is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Denis Brock for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 23, 2012, wherein Mrs. Brock was injected with methylprednisolone acetate.

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Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN

Michael D. Galligan

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Pat	ient Name: Denis Brock	DOB: <u>June 19, 1947</u>	Soc	ial Security Number: 7255				
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	Thomas Health Services, and/or Scott C. Standard, M.D. to Disclose my health information							
	to : Patricia Beckham, pharmacist, John Culclasure, M.D., Howell Allen Clinic, Martin S.							
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	and/or Scott C. Standard, L	4.D,		The purpose(s) for the use or				
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	Health information covering	g treatment from <u>June 1, 20</u>	012	to present .				
	□ Abstract (includes H&P,	Progress Notes,	□ Sw	mnary				
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	☐ Copy of Medical Record	s only	□Ор	erative/Procedure Report(OP)				
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	☐ History and Physical (H&	tP)	□Lat	oratory Report				
	☐ Consultation			•				
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4	and alcohol aduse.			_				
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5.

OTHER PROVIDERS RECEIVING THIS NOTICE RE: DENIS BROCK

Patricia Beckham Baptist Women's Pavillion 2011 Murphy Ave. Nashville, TN 37203

John Culclasure, M.D. Howell Allen Clinic 2011 Murphy Ave., Suite 301 Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation c/o Gregory B. Lanford, M.D. 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

Martin S. Kelvas, Pharmacist 4065 Rotterdam Pass Hampton, GA 30228

Martin S. Kelvas, Pharmacist St. Thomas Hospital P. O. Box 380 Nashville, TN 37202

Michael O'Neal Vanderbilt University Medical Center 1211 MCD/VUH B-101 Nashville, TN 37232

Rachel Rome, M.D. 353 New Shackle Island Road Hendersonville, TN 37075

Rachel Rome, M.D. Center for Spine, Joint and Neuromuscular Rehabilitation Summit Medical Center 5651 Frist Boulevard, Suite 712 Hermitage, TN 37076

Rachel Rome, M.D.
Center for Spine, Joint and Neuromuscular Rehabilitation
Shoppes at the Village
833 Memorial Blvd., Suite E
Murfreesboro, TN 37129

Debra Schamberg, R.N. Howell Allen Clinic 2011 Murphy Ave., Suite 301 Nashville, TN 3703

Saint Thomas Outpatient Neurosurgical Center, LLC FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Saint Thomas Outpatient Neurosurgical Center, LLC c/o Gregory B. Lanford, M.D. 2011 Murphy Ave, Ste 301
Nashville, TN 37203-2023

St. Thomas Hospital 4220 Harding Pike Nashville, TN 37205-2005

St. Thomas Hospital c/o E. Berry Holt, III Suite 800 102 Woodmont Blvd. Nashville, TN 37205-2221

Saint Thomas Health Services Suite 800 102 Woodmont Blvd, Nashville, TN 37205

Saint Thomas Health Services c/o E. Berry Holt, III Suite 800 102 Woodmont Blyd. Nashville, TN 37205-2221

Scott C. Standard, M.D. 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

Exhibit &

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		<u> </u>



Exhibit 9

Michael D. Galligan

Robert W. Newman

Susan N. Marttala

John P. Partin

Benjamin R. Newman

M. Trevor Galligan

July 3, 2013

St. Thomas Hospital 4220 Harding Pike Nashville, TN 37205-2005 VIA CERTIFIED MAIL

RE:

DENIS BROCK

DOB; 6/19/1947 SS#:4557255

Dear Sirs:

Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing DENIS BROCK and I am the authorized agent of Mrs. Brock. Through me and my firm, Mr. Brock is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Denis Brock for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 23, 2012, wherein Mrs. Brock was injected with methylprednisolone acetate.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN

Michael D. Galligan

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: Denis Brock DOB: June 19, 1947	Social Security Number: 7255					
1. I authorize <u>Patricia Beckham, pharmacist, John Culclaur</u>	e MT) Howell Allen Clinic Mostin C					
Kelvas, pharmacist, Michael O'Neal, pharmacist,	Rachel Rome M.D. Saint Thomas					
Outpatient Neurosurgical Center, Debra Schamberg	R N St Thomas Hospital Saint					
Thomas Health Services and/or Scott C Standard M	D to Digologa my boolth information					
	Thomas Health Services, and/or Scott C. Standard, M.D. to Disclose my health information to: Patricia Beckham, pharmacist, John Culclasure, M.D., Howell Allen Clinic, Martin S.					
Kelvas, pharmacist, Michael O'Neal, pharmacist, Rache						
Neurosurgical Center, Debra Schamberg, R.N., St. Thomas	Transfel Gride Thomas Outpatient					
and/or Scott C. Standard, M.D.						
disclosure is as follows: litigation	The purpose(s) for the use or					
2. The type and amount of information to be used or disclose						
Health information covering treatment from June 1, 2012						
	l Summary					
	Discharge Summary (DS)					
☐ Copy of Medical Records only	Operative/Procedure Report(OP)					
7 7	Pathology Report					
	Laboratory Report					
☐ Consultation	^					
Other:						
I understand that my health information may include information	mation relating to sexually transmitted					
disease, acquired immunodeficiency syndrome (AIDS), or I	human immunodeficiency virus (HIV).					
It may also include information about behavioral or mental	health services, and treatment for drug					
and alcohol abuse.						
. I understand that I have a right to revoke this authorization at	any time. I understand that, if I revoke					
this authorization, I must do so in writing and present	my written revocation to the Health					
Information Management department. I understand that my	revocation will not apply to the extent					
that the above named provider has taken action in reliance o	n this authorization. I understand that					
iny revocation will not apply if this authorization was obtaine	d as a condition of obtaining insurance					
coverage and the law provides my insurer with the right to c	contest a claim under my policy or the					
policy itself. Unless otherwise revoked, this authorization was or condition: . If I fail to specify an expect of the second state of the second	All expire on the following date, event					
authorization will expire in six months.	piration date, event, or condition, this					
I understand that authorizing the disclosure of this health inf	armetion is valuatory. I gar refine to					
sign this authorization. The doctor or hospital may not condit	ion treatment nerment annother to					
its health plan, or eligibility for benefits on my signing this	authorization Tunderstand that if I					
authorize the above named provider to disclose my health inf	ormation, the health information may					
be subject to re-disclosure by the recipient and may no longer I	be protected by certain federal privacy					
regulations. If I have any questions about disclosure of my	health information I can contact the					
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the state of the s	The state of the s					
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Davis D. Brock	\$-2T-13 ·					
Print Name of Patient/Plan Member's Representative:	Relationship to PatlentPlan Members					
Denis 5. Brock	Hennel Sef-f					

5.

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Michael O'Neal Vanderbilt University Medical Center 1211 MCD/VUH B-101 Nashville, TN 37232

Rachel Rome, M.D.

c/o.St. Thomas Outpatient Neurosurgical Center

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Nashville, TN 37205

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Michael D. Galligen

Robert W. Newman

Susan N. Martiala

John P. Partin

Benjamin R. Newman

M. Trevor Galligan

July 3, 2013

St. Thomas Hospital c/o E. Berry Holt, III Suite 800 102 Woodmont Blvd. Nashville, TN 37205-2221 VIA CERTIFIED MAIL

RE: DENIS BROCK

DOB: 6/19/1947 SS#: 7255

Dear Sirs:

Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing DBNIS BROCK and I am the authorized agent of Mrs. Brock. Through me and my firm, Mr. Brock is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Denis Brock for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 23, 2012, wherein Mrs. Brock was injected with methylprednisolone acetate.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN

Michael D. Galligan

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Pati	ent Name: <u>Denis Brock</u>	DOB:	June 19, 1947	Social	Security Number: 7255
1.	Lauthorize <u>Patricia Bec</u> Kelvas pharmacist N	<u>kham, pha</u> Aichael O	rmacist, John Culci 'Neal, pharmacis	aure, M.D t, Rache	., Howell Allen Clinic, Martin S. I Rome, M.D., Saint Thomas
	Ontratient Neurosurg	ical Cente	er, Debra Schamb	erg, R.N	I., St. Thomas Hospital, Saint
	Thomas Health Service	s, and/or s	Scott C. Standard,	M.D. to	Disclose my health information
	to · Patricia Beckham.	nharmaci	st. John Culclasur	e, M.D., 3	Howell Allen Clinic, Martin S.
	Kelvas pharmacist M	ichael O'N	eal, pharmacist, Ra	ichel Rom	e, M.D., Saint Thomas Outpatient
	Neurosurgical Center, De	bra Scham	berg, R.N., St. Thor	nas Hospi	tal, Saint Thomas Health Services,
	and/or Scott C. Standard				The purpose(s) for the use or
	disclosure is as follows:	litigation			
2.	The type and amount of i	information	ı to be used or disc	losed is as	follows:
	Health information cover	ing treatm	ent from <u>June 1, 2</u>	2012	to present
	☐ Abstract (includes H&	P, Progres	s Notes,	□ Sumi	
	Procedure Notes, Proc	edure Rep	orts, etc.)	. LI Disci	harge Summary (DS)
	☐ Copy of Medical Reco	ras only	inal of Timenoial)		ative/Procedure Report(OP) blogy Report
	Copy of Complete Rec		icai & Financiai)		ratory Report
	☐ History and Physical (☐ Consultation	nor)		LJ 3.7800	ratory xopore
	Other:				
3.	Lunderstand that my heal	th informa	tion may include in	ıformatio	relating to sexually transmitted
J.	disease, acquired immuno	deficiency	syndrome (AIDS),	, or humat	ı immunodeficiency virus (HIV).
	It may also include inform	nation abor	nt behavioral or me	ntal health	n services, and treatment for drug
	and alcohol abuse.				
4.	Tunderstand that I have a r	ight to rev	oke this anthorizatio	on at any ti	ime. I understand that, if I revoke
	this authorization. I mus	t do so in	t writing and preso	ent my w	ritten revocation to the Health
	Information Management	departmen	it. Tunderstand that	tmy revoc	eation will not apply to the extent
	that the above named prov	/ider has ta	ken action in relian	ice on this	authorization. I understand that
	my revocation will not app	ly if this at	athorization was obt	tained as a	condition of obtaining insurance
	coverage and the law prov	ides my ir	isurer with the righ	t to contes	st a claim under my policy or the
	policy itself. Unless other	wise revol	ced, this authorizati	on Will ex	pire on the following date, event
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	Denis S. Brock				1 81-F

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Scott C. Standard, M.D. 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

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LAW OFFICES OF

Exhibit 1

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NEWMAN

Michael D. Galligan

Robert W. Newman

Susan N. Marttala

John P. Partin

Penjanin R. Newman

M. Trevor Galbgan

July 3, 2013

Saint Thomas Health Services c/o E. Berry Holt, III Suite 800 102 Woodmont Blvd. Nashville, TN 37205-2221 VIA CERTIFIED MAIL

RE:

DENIS BROCK DOB: 6/19/1947 SS# -7255

Dear Sirs:

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Pat	ient Name: Denis Brock	DOB: <u>June 19, 1947</u>	Soc	cial Security Number: 4 -7255	
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	Kelvas pharmaciet M	ichael O'Ment promoc	int Do-	hel Rome, M.D., Saint Thomas	
	Outnatient Neuronagio	al Conton Dobra Caban	ist, Kac	mer Rome, M.D., Saint Thomas	
	Thomas Hould Samisar	at Center, Deora Scham	iberg, k	L.N., St. Thomas Hospital, Saint	
	Thomas realm services	and/or Scott C. Standard	<u>, M, D.</u>	to Disclose my health information	
	to : Patricia Beckham, p	harmacist, John Culclasu	<u>re, M.D</u>	Howell Allen Clinic, Martin S.	
	Kelvas, pharmacist, Mic	hael O'Neal, pharmaoist. R	achei Ro	me MD Saint Thomas Outsetinut	
	Nelliosurgical Center, Debi	ra Schamberg, R.N., St. Tho	mas Hos	pital, Saint Thomas Health Services,	
	and/or Scott C. Standard, P	<u>4.D</u>			
. ,	disclosure is as follows: lit				
2.	The type and amount of inf	ormation to be used or disc	closed is	as follows:	
	Health information covering	g freatment from <u>June 1.</u>			
	☐ Abstract (includes H&P,			mmary	
	Procedure Notes, Proced	lure Reports, etc.)	. DDis	seltarge Summary (DS)	
	☐ Copy of Medical Record	s only	□Ор	erative/Procedure Report(OP)	
	M Copy of Complete Recor	ds (Medical & Financial)	☐ Pat	hology Report	
	☐ History and Physical (H&	cP)	□Lat	poratory Report	
	☐ Consultation				
2	Other;				
3.	I understand that my health	information may include in	ıformati	on relating to sexually transmitted	
	disease, acquired immunode	ticiency syndrome (AIDS).	. or him	(OTT) acciermentalialischemment ne	
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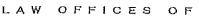
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Benjamin R. Newman

M. Trevor Galligan

July 3, 2013

Saint Thomas Health Services Suite 800 102 Woodmont Blvd. Nashville, TN 37205 VIA CERTIFIED MAIL

RE:

DENIS BROCK

DOB; 6/19/1947 SS#: 7255

Dear Sirs:

Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing DENIS BROCK and I am the authorized agent of Mrs. Brock. Through me and my firm, Mr. Brock is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Denis Brock for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 23, 2012, wherein Mrs. Brock was injected with methylprednisolone acetate.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN

Michael D. Galligan

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

£	atient Name: Denis Brock	DOB: June 19, 194	<u>17.</u> Soc	ial Security Number: 372	<u> 255 </u>
1.	I authorize Patricia Reci	kham, pharmacist, John Ci	nlelanca M	I.D., Howell Allen Clinic, Martin	a
	Kelvas, pharmacist, M	fichael O'Neal pharms	ciet Rac	hel Rome, M.D., Saint Thom	<u>. છ.</u>
	Outnatient Neurosuroi	ral Center Debra Saba	mphono D	.N., St. Thomas Hospital, Sa	<u>185</u>
	Thomas Haalth Carriage	and comor, Depta pone	miners, K	.iv., St. Inomas Hospital, Sa	int
	to Deticin De 14	s, and or ocourt, Standa	<u>ra, w. D.</u> 1	to Disclose my health informati	011
	to : Fairicia Beckham, r	marmacist, John Culcia	sure, M.D	., Howell Allen Clinic, Martin	<u>S.</u>
	Kelvas, pharmacist, Mic	<u>ohael O'Neal, pharmacist,</u>	Rachel Ro	ome, M.D., Saint Thomas Outpatie	<u>nt</u>
	Neurosurgical Center, Deb	<u>ora Schamberg, R.N., St. T</u>	<u>homas Hos</u>	pital, Saint Thomas Health Service	es,
	and/or Scott C. Standard, 1	<u>M</u> .D.		The purpose(s) for the use	or
	disclosure is as follows: li				•
2.	The type and amount of in	formation to be used or d	isclosed is	as follows:	
	Health information covering		<u>1, 2012 </u>	to <u>present</u> .	
	☐ Abstract (includes H&P			nmary	
	Procedure Notes, Proce	dure Reports, etc.)	. 🗆 Dis	charge Summary (DS)	
	☐ Copy of Medical Record		□ Ор	erative/Procedure Report(OP)	
	Copy of Complete Recor) 🗆 🗆 Pati	hology Report	
	☐ History and Physical (Ha	&P)	🗆 Lab	oratory Report	
	☐ Consultation	•		•	
	Other;				
3.	I understand that my health	information may include	informatic	on relating to sexually transmitted	1
	disease, acquired immunode	eticiency syndrome (AID)	S), or huma	an immunodeficiency virus (HIV)	
	it may also include informat	tion about behavioral or n	iental heal	th services, and treatment for drug	ξ
	and alcohol abuse.				-
4.	I understand that I have a right	ht to revoke this authoriza	tion at any	time. I understand that, if I revoke)
	this authorization, I must o	do so in writing and pre	sent my v	written revocation to the Health	ı
	Information Management de	partment. I understand th	iat my revo	cation will not annly to the extent	
	That the above named provide	er has taken action in reli:	ance on thi	s authorization. I understand that	
	my revocation will not apply:	if this authorization was o	btained as	a condition of obtaining insurance	
	 coverage and the law provide 	es my insurer with the rig	ht to confe	st a claim under my noticy or the	
	policy itself. Unless otherwise	se revoked, this authoriza	tion will ex	cuite on the following date event	
	or condition;	If I fail to specify	an expirati	on date, event, or condition, this	
	authorization will expire in si	ix months.		•	
i,	Lunderstand that authorizing	the disclosure of this hea	lth informa	tion is voluntary. I can refuse to	
	sign this authorization. The d	octor or hospital may not a	condition t	reatment payment enrollment in	
	its nealth plan, or eligibility i	tor benetits on my signin	e this auth	orization I understand that if I	
	authorize the above named pro	ovider to disclose my hea	lth informa	ition, the bealth information man	
	ne subject to re-disclosure by t	he recipient and may no lo	onger be or	otected by certain federal privacy.	
	regulations. If I have any que	estions about disclosure (of my heal	th information I can contact the	
	provider listed-above.	and the most production	•••	and the fire wealth of the fire	
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	Dassie D. lovok. lat Name of Palient/Plan Member's Repr			8.25-13 ·	
	.m	esoniauve:		Relationship to Palient/Plan Members	•
	Denis S. Brock	å .	₩ <u> </u>	84/4 Member	

5.

OTHER PROVIDERS RECEIVING THIS NOTICE RE: DENIS BROCK

Patricia Beckham Baptist Women's Pavillion 2011 Murphy Ave. Nashville, TN 37203

John Culclasure, M.D. Howell Allen Clinic 2011 Murphy Ave., Suite 301 Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation c/o Gregory B. Lanford, M.D. 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

Martin S. Kelvas, Pharmacist 4065 Rotterdam Pass Hampton, GA 30228

Martin S. Kelvas, Pharmacist St. Thomas Hospital P. O. Box 380 Nashville, TN 37202

Michael O'Neal Vanderbilt University Medical Center 1211 MCD/VUH B-101 Nashville, TN 37232

Rachel Rome, M.D.

c/o.St. Thomas Outpatient Neurosurgical Center.

4230 Harding Road, Suite 901

Nashville, TN 37205

Rachel Rome, M.D. 353 New Shackle Island Road Hendersonville, TN 37075

Rachel Rome, M.D.
Center for Spine, Joint and Neuromuscular Rehabilitation
Summit Medical Center
5651 Frist Boulevard, Suite 712
Hermitage, TN 37076

Rachel Rome, M.D.
Center for Spine, Joint and Neuromuscular Rehabilitation
Shoppes at the Village
833 Memorial Blvd., Suite E
Murfreesboro, TN 37129

Debra Schamberg, R.N. Howell Allen Clinic 2011 Murphy Ave., Suite 301 Nashville, TN 3703

Saint Thomas Outpatient Neurosurgical Center, LLC FL 9 4230 Harding Pike Nashville, TN 37205-2013

Saint Thomas Outpatient Neurosurgical Center, LLC c/o Gregory B. Lanford, M.D. 2011 Murphy Ave, Ste 301 Nashville, TN 37203-2023

St. Thomas Hospital 4220 Harding Pike Nashville, TN 37205-2005

St. Thomas Hospital c/o E. Berry Holt, III Suite 800 102 Woodmont Blvd. Nashville, TN 37205-2221

Saint Thomas Health Services Suite 800 102 Woodmont Blvd. Nashville, TN 37205

Saint Thomas Health Services c/o E. Berry Holt, III Suite 800 102 Woodmont Blvd. Nashville, TN 37205-2221

Scott C. Standard, M.D. 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

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MICHAIR, TN 31003 OSAI	3. Service Type Exceptified Mell
2. Article Number	4. Restricted Delivery? (Extra Fee)
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SENDER GOVINUS PETITIES SECTION Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallplece, or on the front if space permits. 1. Article Addressed to: C. D. E. Berry Holt, III.	A. Signature A. Signature A. Signature C. Date of Delivery D. Is delivery address different from Item 17 If YES, enter delivery address Delow: C. Date of Delivery D. Is delivery address Delow: D. No
Suite 800 102 Woodmant Blvd. Nashville, TN 37205-2221	3. Service Type □ Service Type □ Service Type □ Service Type □ Return Receipt for Merchandise □ Insured Mail □ G.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes
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